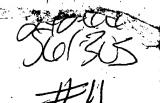
Complete and mall this form, together with an

Box ISSUE FEE Assistant Commissioner for Pa Washington, D.C. 20231



MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Certificate of Mailing I hereby certify that this Issue Fee Transmittal is being deposited with

the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on

JOSEPH E KOVARIK 1700 LINCOLN STREET

RECEIVED 03: **Publishing Division**

the date indicated below.

SUITE 3500 **DENVER CO 80203**

JUL 1 4 1998

(Date)

APPLICATION NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

03/27/

08/759,895

12/03/96

096

MANUEL, G

3737

First Named Applicant

GOLDBERG,

SHELDON F.

OF NOITY.

Trademark Office.

NETWORK GAMING SYSTEM

	•						
.TTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE	
3 3367	-2 46	3-042.00	0 C20	UTILITY	YES \$6	60.00 06/2	
Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached.				for printing on the patent front page, list the names of up to 3 registered patent meys or agents OR, alternatively, (2) name of a single firm (having as a other a registered attorney or agent) the names of up to 2 registered patent meys or agents. If no name is listed, no se will be printed.			
3. ASSIGNEE NAME AND RESIDENC PLEASE NOTE: Unless an assigne inclusion of assignee data is only a the PTO or is being submitted under filing an assignment. (A) NAME OF ASSIGNEE	e is identified below, no assign ppropiate when an assignmen r separate cover. Completion	nee data will appea t has been previou of this form is NO	ar on the patent. sly submitted to T a subsititue for	a. The following fees are e of Patents and Tradema Issue Fee Advance Order - # of	arks): / <i>(</i>)	ck payable to Commissioner	
(B) RESIDENCE: (CITY & STATE OR COUNTRY) Henderson, Nevada Please check the appropriate assignee category indicated below (withhot be printed on the patent) Individual Corporation of other private group shifty Government				4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 19-19-70 (ENCLOSE AN EXTRA COPY OF THIS FORM) Alsue Fee Advance Order - # of Copies			
The COMMISSIONER OF PATENTS	ND TRADEMARKS IS reques	sted to apply the Is	sue Fee to the applic				
(Authorized Signature) NOTE; The Issued ee will not be acceptor agenty of the Assignee or other party	ited from anyone other than the	applicant; a regis	1/0/98 stered attorney				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

07/15/1998 ASEAFORT 00000179 08759895

01 FC:242 02 FC:561 660.00 OP 30.00 OP